



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

September 17, 2013

CERTIFIED MAIL 7007 1490 0003 4202 1570

Administrator
Mountain Glen Retirement Center
1810 E. Division
Mount Vernon WA 98274

Assisted Living Facility License #1817
Licensee: Mountain Glen Management LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at **1810 E. Division, Mount Vernon**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 4, 2013**.

WAC 388-78A-2100(2)(a)(c) On-going assessments. **\$400.00**

\$100.00 x 4 days

April 21, 2013 through April 24, 2013

The facility failed to assess whether a resident had safely swallowed a medication and whether the medication caused subsequent throat damage.

WAC 388-78A-2120(3)(b)(4) Monitoring residents' well-being. **\$2,800.00**

\$100.00 x 28 days

April 24, 2013 through May 21, 2013

The facility failed to monitor and obtain treatment for resident experiencing chemical burns from improper swallowing of a medication resulting in resident having to be out of her home for extensive medical treatment for 28 days.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lynne Dasher, Field Manager
District 2, Unit A
3906 172nd St NE
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$3,200.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Field Manager Lynne Dasher at (360) 651-6863.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit A
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombuds
Area Agency on Aging, AAA-NW
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM